



## Application to Teach an Individualized Lifetime Activities (ILA) Course

In order to expand student opportunities in physical education, an individual with expertise in a specific lifetime activity may apply for a restricted endorsement to teach that activity for physical education credit. The person must be deemed “highly qualified” in the specific area by a panel of licensed physical educators and must be current in CPR and First Aid. The application for this endorsement must be signed by the physical education chairperson, the principal, and the local district or charter school board president or designee. Currently, the only activity-specific ILA courses for graduation credit are yoga and strength and conditioning. All other activity courses developed by the LEA are elective credit courses.

Suggested lines of evidence for documentation include:

- Documented teaching experience of specified activity
- Documentation of relative certifications by state, national, or international organizations
- College coursework related to specified activity
- Approved professional development classes
- Letters from supervisors verifying demonstrated competency to teach the class
- Current first aid/CPR card – copy attached

*Athletics classes do not qualify for this restricted endorsement*

Please fill out information below:

Name: \_\_\_\_\_ Cactus Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Please Check that you have a current Utah Teaching License (required)

- I have a current Utah Teaching License

Area(s) of Endorsement: \_\_\_\_\_

School: \_\_\_\_\_ District: \_\_\_\_\_

Proposed Course Title: \_\_\_\_\_

Course Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this course open to all students? (Please check one)

- Yes  
 No

Please attach documentation of qualifications and copies of both sides of current CPR/First Aid Cards.

# Approval Page

Please sign

We approve of the proposed course and teacher

\_\_\_\_\_  
School Physical Education Department Chairperson

\_\_\_\_\_  
School Principal

\_\_\_\_\_  
President or Designee of District or Charter School Board

\_\_\_\_\_  
Date

For USBE Use Only

USBE Evaluation

- Application Approved – Licensed, Restricted Endorsement
- Application Denied

\_\_\_\_\_  
USBE Physical Education Specialist

\_\_\_\_\_  
Date